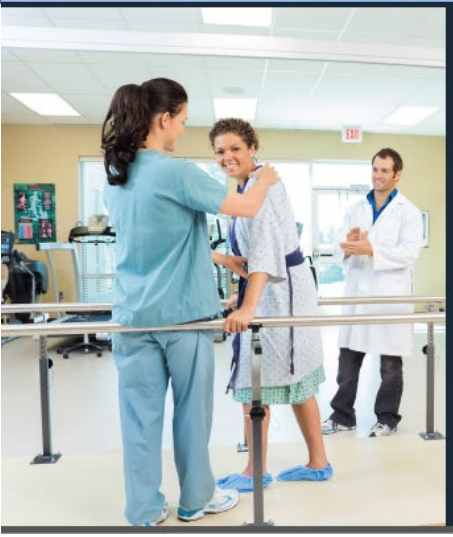
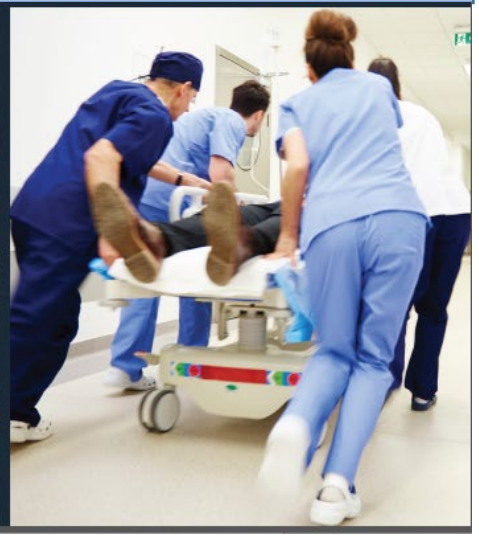
QUALITY REPORTING GUIDE
for
KANSAS
CRITICAL ACCESS HOSPITALS





This guide is updated routinely as program requirements change.

Please send questions and comments regarding the guide to
Sally Othmer
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Or
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Updated October 2025

INTRODUCTION

Since 2003, the QHi benchmarking program has supported rural hospitals and clinics across the country. Critical Access Hospitals comprise over 75 percent of QHi participants. The QHi team developed this guide in response to the often-posed question, “As a CAH, what quality measures are required to report?”

There are many benefits to participating in a quality program, the most important being improved quality of patient care. All are voluntary but, depending on the program, participation ay result in a financial impact. Federally funded programs often require reporting of particular quality measures as do state and local health insurers.

ABOUT THE GUIDE

Quality experts at all levels were engaged to build this guide. We offer special thanks to the Oregon Office of Rural Health for generously sharing their document. This guide is adapted with permission from the Critical Access Hospital Quality Reporting Overview Guide, produced by the Oregon Office of Rural Health in partnership with Runyan Health Care Quality Consulting and Comagine Health.

Many others volunteered their time and expertise. Contributors and resources are listed here. Designed to assist quality staff at hospitals, this guide can also act as a template for network and state leadership to develop a customized guide supporting local, regional and state quality initiatives.

If customizing and distributing the guide, we thank you for acknowledging QHi, the Kansas Hospital Association and Healthworks as the source.

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Updated October 2025

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- Shannan Flach, Kansas Hospital Association
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HEALTHWORKS

Founded by the Kansas Hospital Association (KHA), Healthworks, educates partners, brings groups together and finds funding to provide services to change health care for the better. We believe that with bold ideas and brave leadership, anything is possible.

Our initiatives further our mission of optimal health for Kansans through facilitating collaboration and innovation. Projects include QHi and a partnership with the Kansas Department of Health and Environment to manage the FLEX and SHIP programs for Kansas.

In Kansas, the fees associated with participation in QHi are supported by the FLEX program which is funded by the Federal Office of Rural health.

NEW QUALITY DIRECTOR ORIENTATION

Each summer the Kansas FLEX program coordinates an orientation program to assist individuals new to the role of quality, data abstraction or data reporting. Topics discussed include developing a quality program, quality improvement initiatives active in Kansas and the organizations that support these initiatives. For more information on this program, contact Susan Runyan at srunyan@kha-net.org

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)



PROGRAM OVERVIEW

The Medicare Beneficiary Quality Improvement Project is a federal grant program to support Critical Access Hospitals to report common, rural-relevant quality measures appropriate to low-volume hospitals.

MBQIP provides an opportunity for individual hospitals to look at their own data, compare their results against other hospitals, and partner with other hospitals around quality improvement initiatives to improve outcomes and provide higher quality care to patients.

SOURCE

- Health Resources and Services Administration
- Federal Office of Rural Health Policy
- MBQIP 2025 Measure Core Set Information Guide

IMPACT

Participation is required to receive support from the Kansas Small Hospital Improvement Program (SHIP). As Centers for Medicare and Medicaid Services continues to promote a value-based health care system, it is more important than ever for Critical Access Hospitals to participate in federal, public quality reporting programs to demonstrate the quality of care they are providing.

Participation in MBQIP allows Critical Access Hospitals to receive SHIP funds ranging between $9,000 and $12,000 to use on initiatives including quality and operational improvements.

LOCAL SUPPORT

Kansas Rural Hospital Optimizing Performance

SHIP OPPORTUNITIES IN KANSAS

SHIP funds may be used for various activities. Please access the KRHOP website for a complete SHIP Purchasing Menu.

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MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

DATA SUBMISSION PROCESS

The Federal Office of Rural Health Policy (FORHP) draws quality data from several sources to support MBQIP. Emergency Department Transfer of Communications (**EDTC**) measures are abstracted through an Excel tool developed by Stratis Health. The Excel file is then uploaded to QHi.

CMS Measures can be abstracted directly in Hospital Quality Reporting (HQR) System. HQR is the only CMS-approved website for secure communications and health care quality data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end-stage renal disease networks and facilities, and data vendors.

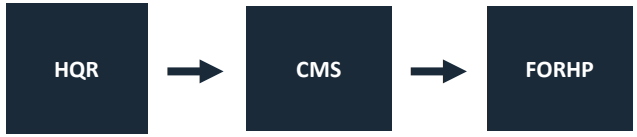
HCAHPS results are submitted by an approved HCAHPS vendor to HQR.

Hospitals abstract healthcare associated infection measures through the National Healthcare Safety Network (NHSN). **NHSN** data is uploaded on behalf of Kansas hospitals to QHi for monthly performance tracking for all Kansas hospitals conferring rights to KHA.

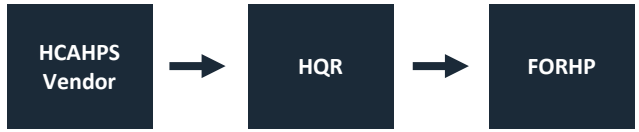
EDTC Measures



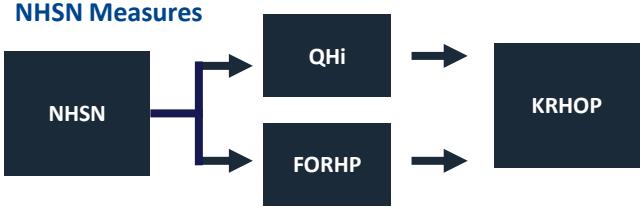
CMS Measures



HCAHPS Measures



NHSN Measures



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MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

Measure	Description	Reporting Method
Patient Safety/Inpatient		
HCP/IMM-3	Influenza Vaccination Coverage Among Health Care Personnel	National Healthcare Safety Network
Antibiotic Stewardship	Kansas MBQIP participants complete the annual facility survey on the NHSN website to successfully meet this measure.	National Healthcare Safety Network
Patient Engagement: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) The HCAHPS survey contains patient perspectives on care and patient rating items that encompass key topics. The survey is 32 questions in length.		
HCAHPS	• Communication with Nurses • Communication with Doctors • Responsiveness of Hospital Staff • Communication about Medicines • Cleanliness of the Hospital Environment • Restfulness of Hospital Environment • Discharge Information • Care Coordination • Information about Symptoms • Willingness to Recommend • Overall Rating	HQR via HCAHPS vendor or self-administered if in compliance with program requirements

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MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

Measure	Description	Reporting Method
Care Transitions: Emergency Department Transfer Communication		
EDTC-1	Home Medications	Abstract through the Stratis Health tool then upload to QHi
EDTC-2	Allergies	
EDTC-3	Medications Administered in ED	
EDTC-4	ED Provider Note	
EDTC-5	Mental Status/Orientation Assessment	
EDTC-6	Reason for Transfer and/or Plan of Care	
EDTC-7	Tests and/or Procedures Performed	
EDTC-8	Tests and/or Procedure Results	
EDTC-All	EDTC All or None Composite Calculation (EDTC 1-8)	
ED Throughput:		
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	HQR
OP-22	Patient Left Without Being Seen	HQR
CAH Quality Program Assessment		
The Critical Access Hospital (CAH) Quality Infrastructure measure is a structural measure to assess CAH capacity, processes, and infrastructure for quality activities based on the nine core elements of CAH quality infrastructure.		Submitted annually through the National CAH Quality Inventory and Assessment ("Assessment") via a Flex Monitoring Team (FMT)-administered **Qualtrics** platform.

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HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)



PROGRAM OVERVIEW

The Hospital Inpatient Quality Reporting Program is intended to equip consumers with quality of care information to make more informed decisions about health care options. It also is intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients.

IQR includes inpatient measures collected and submitted by acute care hospitals paid under Prospective Payment System and claims-based inpatient measures calculated by the Centers for Medicare and Medicaid Services.

SOURCE

Centers for Medicare and Medicaid Services

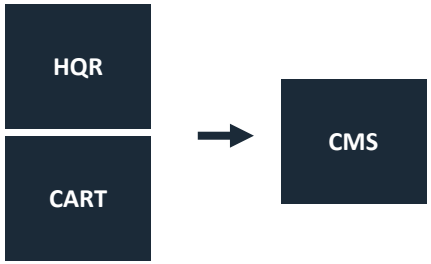
IMPACT

To be eligible for SHIP funding, Critical Access Hospitals must report select measures from the IQR program in compliance with the Medicare Beneficiary Quality Improvement Project requirements. Collecting data on these measures also can help with internal tracking for the hospital on patient safety measures and quality of care.

LOCAL SUPPORT

Kansas Rural Hospital Optimizing Performance

DATA SUBMISSION PROCESS



Option 1: Contract and authorize a vendor for data extraction and submission.

Option 2: Extract data from your Electronic Medical Record System and use a quality measure abstraction tool for upload and submission of data to Centers for Medicare and Medicaid Services via HQR or CART.

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HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)

Hospital Inpatient Quality Reporting Program Measures		
Measure	**Description**	**Data Source**
National healthcare Safety Network Measure		
HCP	Influenza Vaccination Coverage Among Healthcare Personnel	NHSN
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel	NHSN
Chart-Abstracted Clinical Process of Care		
PC-01	Elective Delivery	Medical Record
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Medical Record
EHR-Based Clinical Process of Care (eCQMs)		
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	EHR
PC-05	Exclusive Breast Milk Feeding	EHR
STK-02	Discharged on Antithrombotic Therapy	EHR
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	EHR
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	EHR
STK-06	Discharged on Statin Medication	EHR
VTE-1	Venous Thromboembolism Prophylaxis	EHR
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	EHR
Safe use of Opioids	Safe Use of Opioids – Concurrent Prescribing	EHR
ePC-07/SMM	Severe Obstetric Complications	EHR
ePC-02	Cesarean Birth	EHR
Patient Experience of Care Survey		
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and systems Survey	Patient Survey
Claims-Based Patient Survey		
Maternal Morbidity	Maternal Morbidity Structural Measure	Web-Based Tool

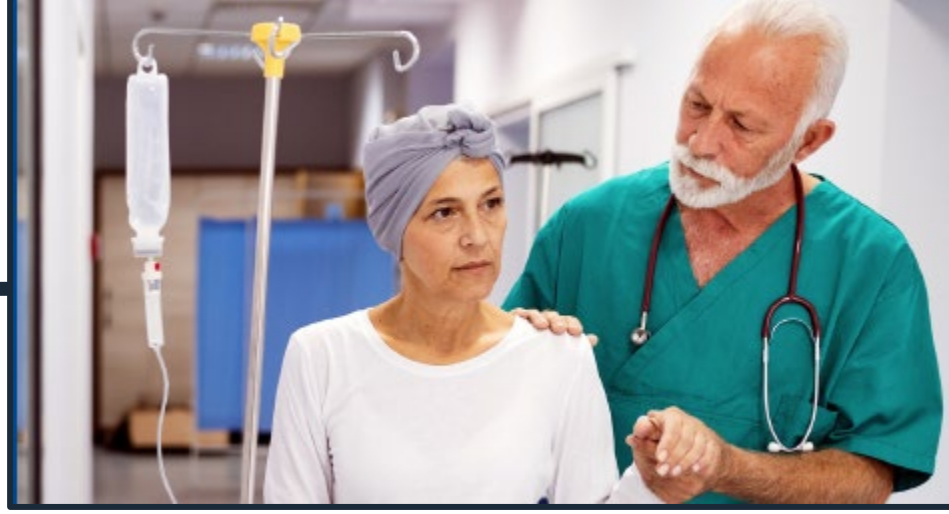
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HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)

Hospital Inpatient Quality Reporting Program Measures		
Measure	**Description**	**Data Source**
Claims-Based Patient Survey		
CMS PSI 04	CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications	Claims
Claims-Based Mortality Outcome		
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Claims
Claims-Based Coordination of Care		
READM-30-STK	Hospital-Wide All-Cause Unplanned Readmission Measure	Claims
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Claims
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	Claims
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia	Claims
Claims-Based Payment		
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	Claims
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	Claims
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	Claims
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	Claims

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HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (OQR)



PROGRAM OVERVIEW

The Hospital Outpatient Quality Reporting Program (OQR) is implemented by the Centers for Medicare and Medicaid Services. Like the IQR, the Hospital Outpatient Quality Reporting Program includes measures collected and submitted by acute care hospitals and claims-based measures calculated by CMS.

CMS provides no financial incentive or penalty to Critical Access Hospitals for reporting, but all participating hospitals performance and Star Ratings are made available on the Care Compare website by CMS.

SOURCE

Centers for Medicare and Medicaid Services

IMPACT

OQR is voluntary but has measures that align with reporting requirements of the Medicare Beneficiary Quality Improvement Project. Collecting data on these measures can help the hospital with tracking quality of care and identifying trends for continuous quality improvement.

DATA SUBMISSION PROCESS



Option 1: Contract and authorize a vendor for data extraction and submission.

Option 2: Extract data from your Electronic Medical Record System and use HQR to abstract data.

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HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (OQR)

DATA SUBMISSION SAMPLING REQUIREMENTS

Hospitals participating in OQR have the option of submitting a sampling of data regarding the quality measures in accordance with the sampling requirements located in the appropriate version of the Specifications Manual located on the QualityNet website.

AGGREGATE POPULATION AND SAMPLING DATA SUBMISSION

If a hospital chooses to report aggregate population and sample size counts for Medicare and non-Medicare outpatient encounters for Hospital Outpatient, Emergency Department Throughput and Stroke measures, these data must be submitted to the Centers for Medicare and Medicaid Services via QualityNet on the same quarterly submission schedule as chart-abstracted measures.

Submission of population and sampling will initiate the hospital as participating in the OQR program.

LOCAL SUPPORT

Kansas Rural Hospital Optimizing Performance

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HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (OQR)

Hospital Outpatient Quality Reporting Program Measures	
Measure	**Description**
Hospital Outpatient Quality Reporting Program Measures	
OP-8	MRI Lumbar Spine for Low Back Pain
OP-10	Abdomen CT - Use of Contrast Material
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-22	Left Without Being Seen
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
OP-29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
OP-31	Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
OP-35	Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy
OP-36	Hospital Visits after Hospital Outpatient Surgery
OP-40	Appropriate treatment for STEMI patients in ED

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HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)



PROGRAM OVERVIEW

The Hospital Consumer Assessment of Healthcare Providers and Systems survey is a national, standardized, publicly reported survey capturing the patient's experience of communication with doctors and nurses, responsiveness of hospital staff, communication about medicines, cleanliness and quietness of the hospital, discharge information, transition to post-hospital care and overall rating of the hospital.

The survey is administered between 2 and 42 days after discharge to a random sample of adult patients depending on agreements and vendors.

Hospitals can add their own supplemental items after the 32 official HCAHPS questions if they wish. The Centers for Medicaid and Medicare Services does not review, approve or obtain data from supplemental items; hospitals should limit their use to minimize any negative impact on survey response rates.

SOURCE

Centers for Medicare and Medicaid Services

IMPACT

To be eligible for SHIP funding, Critical Access Hospitals must participate and report the HCAHPS results in compliance with MBQIP requirements. Collecting data on these measures also can help with internal tracking for the hospital on patient safety measures and quality of care

LOCAL SUPPORT

Kansas Rural Hospital Optimizing Performance

DATA SUBMISSION PROCESS



Option 1: Contract and authorize (via the Secure Portal at CMS) an approved HCHAPS vendor to administer and submit the survey data to HQR.

Option 2: Become authorized by CMS to self-administer the survey and submit to HQR.

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ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)



PROGRAM OVERVIEW

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, the Centers for Medicare and Medicaid Services requires eligible providers, eligible hospitals, Critical Access Hospitals and dual-eligible hospitals to report on Electronic Clinical Quality Measures.

These eCQMs are determined by the Centers for Medicare and Medicaid Services and require the use of certified electronic health record technology.

Electronic Health Record Incentive Programs/Clinical Quality Measures

eCQI Resource Center

SOURCE

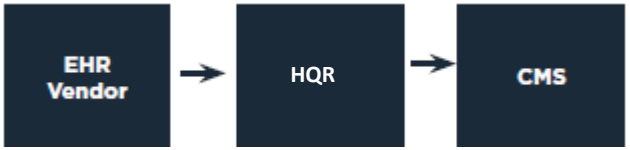
Centers for Medicare and Medicaid Services

IMPACT

Currently, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and Critical Access Hospitals must use the following:

- existing 2015 Edition certification criteria,
- the 2015 Edition Cures Update criteria, or
- a combination of the two in order to meet the certified electronic health record technology definition, as finalized in the calendar year 2022 Physician Fee Schedule final rule (85 FR 84818 through 84828).

DATA SUBMISSION PROCESS



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ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

Medicare Promoting Interoperability Program eCQM Reporting Requirements for First-time and Returning Hospitals CY2025		
# of eCQMs	Reporting Options	13
	Required Reporting	4: **3** self-selected eCQMs, **plus the Safe Use of Opioids** – Concurrent Prescribing measure
Reporting Period	Full Reporting Period	Full calendar year (consisting of four quarterly data reporting periods)
	Required Reporting Period	a full year's worth of data beginning with the reporting period in CY 2023

Short Name	Measure Name	Meaningful Measure Area
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	Admissions and Readmissions to Hospitals
HH-02	Hospital Harm – Severe Hyperglycemia	Preventable Healthcare Harm
HH-01	Hospital Harm - Hypoglycemia	Preventable Healthcare Harm
PC-05	Exclusive Breast Milk Feeding	Care is Personalized and Aligned with Patient's Goals
STK-2	Discharged on Antithrombotic Therapy	Preventive Care
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Preventive Care
STK-5	Antithrombotic Therapy By End of Hospital Day 2	Preventive Care
STK-6	Discharged on Statin Medication	Preventive Care
PC-05	Exclusive Breast Milk Feeding	Care is Personalized and Aligned with Patient's Goals
	Continued on next page……..	

CY2023-2026 eCQMs

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ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

Medicare Promoting Interoperability Program eCQM Reporting Requirements for First-time and Returning Hospitals CY2023		
# of eCQMs	Reporting Options	13
	Required Reporting	4 – 3 self-selected eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure
Reporting Period	Full Reporting Period	Full calendar year (consisting of four quarterly data reporting periods)
	Required Reporting Period	a full year's worth of data beginning with the reporting period in CY 2023

Short Name	Measure Name *continued*	Meaningful Measure Area
VTE-1	Venous Thromboembolism Prophylaxis	Preventive Care
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	Preventive Care
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing	Prevention and Treatment of Opioid and Substance Use Disorder
ePC-07/SMM	Severe Obstetric Complications	Safety
ePC-02	Cesarean Birth	Safety

MERIT-BASED INCENTIVE PAYMENT (MIPS)

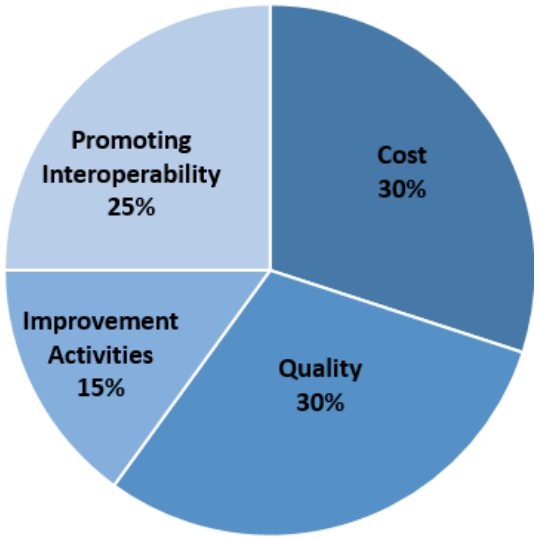


PROGRAM OVERVIEW

Merit-Based Incentive Payment is one option for clinicians to receive reimbursement under Medicare Part B. Health Care providers are incentivized to improve patient care and service quality while keeping down costs. While groups can conversely participate in an Advanced Alternative Payment Model or MIPS Value Pathways (MVP), the majority of eligible clinicians participate in MIPS.

Providers' performance will be measured under four categories which are quality, cost, promoting interoperability and improvement activities. Each category is weighted, and providers will receive a score of between 0 and 100. This score will then be used to adjust payments. Your final score in 2025 will determine your payment adjustment in 2027. Up to a nine percent bonus, or up to a nine percent penalty. If clinicians participate in Medicare Part B, they can participate in the Quality Payment Program by choosing one of the three following tracks:

1. Advanced Alternative Payment Models, which also include certain Medicare Shared Savings Programs (also known as Accountable Care Organizations), or
2. The Merit-based Incentive Payment System and APMs which are used to incentivize clinicians to improve patient care and service quality while controlling costs.
3. MIPs Value Pathways (MVP), newest option that offers clinicians a subset of measures relevant to a specialty or medical condition. This is done to provide a more meaningful assessment of quality. More Information about MIPs Value Pathways (MVP)



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MERIT-BASED INCENTIVE PAYMENT (MIPS)

SOURCE

Centers for Medicare and Medicaid Services

IMPACT

MIPS streamlines quality programs and gives bonus payments for participation in eligible alternative payment models. Clinicians must participate in MIPS (unless exempt) if they bill more than $90,000 for Part B covered professional services, and see more than 200 Part B patients, and provide 200 or more covered professional services to Part B patients in both 12-month segments of MIPS review period.

SUBMISSION PROCESS

For Eligible Clinicians Practicing in Method I:

- The MIPS payment adjustment would apply to payments made for items and services that are Medicare Part B charges billed by MIPS eligible clinicians.

- The payment adjustment would not apply to the facility payment to the Critical Access Hospital itself

For Eligible Clinicians Practicing in Method II who have assigned their billing rights to the Critical Access Hospital:

- The MIPS payment adjustment would apply to Method II Critical Access Hospital payments.

For Eligible Clinicians Practicing in Method II who have not assigned their billing rights to the Critical Access Hospital:
The MIPS payment adjustment would apply the same way as for Method I Critical Access Hospitals.

For information go to reporting methods and eligibility requirements.

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Quality-Based Reimbursement for Critical Access Hospitals (QBRP)



PROGRAM OVERVIEW

The QBRP is a voluntary program that was developed to provide incentives for providers to enhance quality and safety, and to reward providers for superior quality outcomes and cost efficiency. Contracting Blue Cross and Blue Shield of Kansas providers have an opportunity to earn additional revenue through increased allowances for meeting the defined quality metrics. Some measures require attestation only, while others require data to be submitted to BCBSKS.

BCBSKS works with the Kansas Hospital Association and representatives from the provider community to select meaningful quality and efficiency measures.
BCBKS strives to select and align with existing quality measures reported by the providers in Kansas for national and state-led quality initiatives conducted in Kansas, the Medicare Rural Hospital Flexibility programs, and/or Medicare Beneficiary Quality Improvement Project (MBQIP).

SOURCE

Blue Cross Blue Shield of Kansas

IMPACT

Providers report quality measure data biannually and are eligible to earn reimbursement increases. Quality incentives apply to inpatient MS-DRG, maximum allowable payments (MAPs), per diems and outpatient MAPs except for outpatient pharmacy. QBRP incentives do not apply when the billed charge is less than the MAP or are services not listed with a maximum allowable payment.

LOCAL SUPPORT

BCBSKS

QHi – Many of the QBRP measures are collected monthly in QHi. QHi developed the BCBSKS report to facilitate the reporting of these measures biannually into the BCBSKS portal.

DATA SUBMISSION PROCESS

The QBRP portal offers providers Availity for electronic reporting of the QBRP measures. In addition, the portal is a resource for all information related to QBRP, including a measure set description and various reporting features. Period 1 measure data (based on January – June discharges) is due in November and Period 2 measure data (based on July – December discharges) is due in May.

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KU CARE COLLABORATIVE

PROGRAM OVERVIEW

The University of Kansas Health System Care Collaborative is dedicated to delivering high quality clinical care to improve the health of people living in rural Kansas communities. The collaborative is a network of health care providers and care teams who use evidence-based treatment models to achieve the best outcomes. Patients receive advanced, cost-effective care close to home and experience better results.

IMPACTS

Care Collaborative Patient Safety Organization membership includes 86 rural organizations across 76 Kansas counties. To date, participating organizations have received evidence-based clinical protocols and boot camp trainings in STEMI, stroke, sepsis, heart failure and diabetes. Additionally, the Care Collaborative offers membership in a rural Accountable Care Organization representing 36 Kansas communities caring for 35,000 Medicare beneficiaries. Additionally, the team has provided more than 160,000 Chronic Care Management and Remote Patient Monitoring

LOCAL SUPPORT

The University of Kansas Health System

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MyQHi.org

QHi is an enterprise-wide benchmarking tool specifically designed for rural facilities.

QHi PROVIDES

- A library of measures to monitor monthly quality performance
- Multiple data upload options to reduce reporting burden
- Customizable dashboards to trend and compare performance
- The ability to schedule reports, ideal for sharing with hospital leadership

QHi PARTICIPANTS

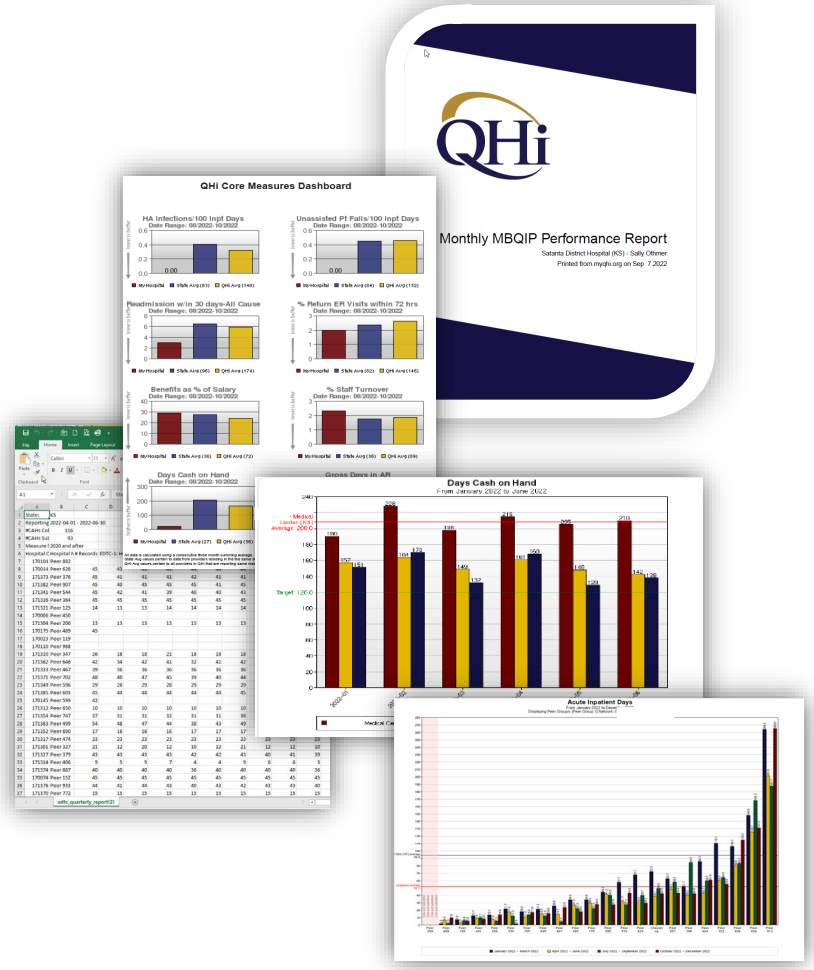
- Collect, track and trend monthly data in real time, pertinent to their unique environment
- Compare against self-defined peer groups

QHi SUPPORTS

Internal, local, state and national quality initiatives like MBQIP, and FLEX Quality Improvement Projects.

At no cost to Kansas hospitals, QHi was developed through a partnership of the KRHOP, KDHE, KHA and Healthworks.

[About QHi]
[QHi Brochure]
[QHi Library of Indicators]



CONTACTS

Stuart Moore, QHi Program Manager
Sally Othmer, VP of Data & Strategic Analytics

QHi participation for Kansas hospitals is federally funded through the Kansas Department of Health and Environment (KDHE) Bureau of Community Health Systems (BCHS) Medicare Rural Hospital Flexibility Program (FLEX) Program

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DATA COLLECTION AND REPORTING TOOLS

NHSN
CDC's National Healthcare Safety Network is a healthcare-associated infection tracking system.

HQR
HQR is the Centers for Medicare and Medicaid Services portal for the data your hospital reports. This source is where you upload your chart abstracted IQR and abstract your OQR data and respective MBQIP measures.

QHi
QHi is an economical (free to KS hospitals) collection and reporting tool that allows small rural hospitals and clinics to collect, track and trend quality and financial data in real time through automatic uploads of data and keyed entry. QHi supports network, state and national quality and financial initiatives.

EDTC Abstraction Tool
To properly report EDTC measures for your hospital, input your data into the Excel-based abstraction tool created by Stratis Health.. After you input your hospital's data, run the report and push that into QHi. Download and instructions are available at the QHi website.

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APPENDIX

Appendix: Quality Overlap for Critical Access Hospitals					
Measure	**Measure Name**	**MBQIP**	**IQR**	**OQR**	**QBRP**
OP-8	MRI Lumbar Spine for Low Back Pain			X	
OP-10	Abdomen CT – Use of Contrast Material			X	
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery			X	
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	X		X	
OP-22	Patient Left Without Being Seen	X		X	
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival			X	
OP-29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			X	
OP-31	Cataracts – Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery*			X	
OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy			X	
OP-35	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy			X	
OP-38	COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)			X	
OP-4O	Appropriate Treatment for STEMI patients in the ED			X	

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Appendix: Quality Overlap for Critical Access Hospitals					
Measure	**Measure Name**	**MBQIP**	**IQR**	**OQR**	**QBRP**
Opioid Mortality	Opioid Mortality*			X	
FALL HAC	Fall Rate Resulting in Fracture or Dislocation*			X	
PSI-03	Pressure Ulcer Rate, Stage 3+*			X	
HAPU Stage II	Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II*			X	
PSI-13	Postoperative Sepsis Rate*			X	
Sepsis Mortality	Sepsis Mortality*			X	
PSI-12	Post-Operative Pulmonary Embolism (PE or Deep Vein Thrombosis (DVT) Rate*			X	
MRSA	MRSA Bacteremia Events*			X	
*Claims-based (not-keyed in) but required					

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Appendix: Quality Overlap for Critical Access Hospitals					
Measure	Measure Name	MBQIP	IQR	OQR	QBRP
OP-36	Hospital Visits after Hospital Outpatient Surgery			X	
HCP/IMM-3	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	X	X		
EDTC	8 elements of Emergency Department Transfer Communication	X			X
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems		X		
PC-01	Elective Delivery		X		
PC-05	Exclusive Breast Milk Feeding		X		
PC-06	Unexpected Complications in Term Newborns		X		
STK-02	Discharged on Antithrombotic Therapy		X		
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter		X		
STK-05	Antithrombotic Therapy by the End of Hospital Day Two		X		
STK-06	Discharged on Statin Medication		X		
VTE-1	Venous Thromboembolism Prophylaxis		X		
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis		X		
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing		X		
CMS PSI 04	CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications		X		

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Appendix: Quality Overlap for Critical Access Hospitals					
Measure	**Measure Name**	**MBQIP**	**IQR**	**OQR**	**QBRP**
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke		X		
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure		X		X
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction		X		
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure		X		
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia		X		
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction		X		
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure		X		
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia		X		
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty		X		
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)		X		X

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Appendix: Quality Overlap for Critical Access Hospitals					
Measure	**Measure Name**	**MBQIP**	**IQR**	**OQR**	**QBRP**
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel		X		
CDI	Clostridioides difficile(C.diff) infection				X
CAUTI	Catheter-Associated Urinary Tract Infection				X
Antibiotic Stewardship	NHSN Annual Hospital Survey	X			
HAI	Healthcare Associated Infections per 100 inpatient days				X
All Falls with Injury	All Documented Patient Falls with an Injury Level of Minor or Greater				X
ADE - Opioid	Adverse Drug Events - Opioid Safety				X
ADE - Anticoagulation	Adverse Drug Events - Anticoagulation Safety - Inpatients				X
Hand Hygiene	Hand-Hygiene Adherence Rate				X

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ACRONYMS

AMI	Acute Myocardial Infarction	**KDHE**	Kansas Department of Health and Environment
APM	Alternative Payment Model	**KRHOP**	Kansas Rural Hospitals Optimizing Performance
APU	Annual Payment Update	**MBQIP**	Medicare Beneficiary Quality Improvement Project
CAH	Critical Access Hospital	**MIPS**	Merit-Based Incentive Payment
CART	Prior CMS Abstraction & Reporting Tool	**MORT**	Mortality
CMS	Centers for Medicare & Medicaid Services	**MU**	Meaningful Use
Comp	Complication	**NHSN**	National Healthcare Safety Network
eCQM	Electronic Clinical Quality Measure	**OQR**	Hospital Outpatient Quality Reporting Program
ED	Emergency Department	**PC**	Perinatal Care
EDTC	Emergency Department Transfer Communication	**PN**	Pneumonia
EHR	Electronic Health Record	**PSI**	Patient Safety Indicator
FY	Fiscal Year	**QBRP**	Quality Based Reimbursement Program
FLEX	Medicare Rural Hospital Flexibility Program	**QNet**	QualityNet
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**READM**	Readmission
HCP	Health Care Personnel	**STK**	Stroke
HF	Heart Failure	**THA/TKA**	Total Hip Arthroplasty/Total Knee Arthroplasty
HQR	Hospital Quality Reporting	**VTE**	Venous Thromboembolism
HWR	Hospital-Wide Readmission		
IQR	Inpatient Quality Reporting		

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